

07-12-01

11040 U.S. PTO
09/903222

07/10/01

A

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No. 005212/TCG/SPC/SB

First Inventor or Application Identifier SHREYAS KHER

Title CVD BST FILM COMPOSITION AND PROPERTY CONTROL WITH
THICKNESS BELOW 200 Å FOR DRAM CAPACITOR APPLICATION
WITH SIZE AT 0.1 µm OR BELOW

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status.
2. ☒ Specification Total Pages
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
4. ☒ Oath or Declaration Total Pages
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 15 completed)
5. ☐ Incorporation By Reference (usable if box 4B is checked)
The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4B, is
considered to be part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.

ACCOMPANYING DOCUMENTS

6. ☒ Assignment Papers (cover sheet & document(s))
7. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
8. ☐ English Translation Document (if applicable)
9. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
10. ☐ Preliminary Amendment
11. ☒ Return Receipt Postcard
12. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
13. ☐ Request for Priority
14. ☐ Other:

15. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

16. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)

of application Serial No. Filed on

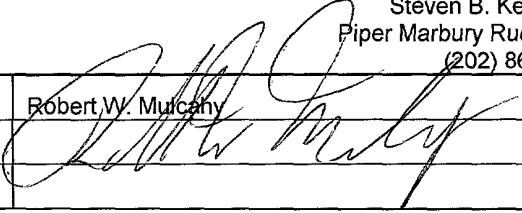
☐ This application claims priority of provisional application Serial No. Filed

17. Send correspondence to:

Patent Counsel
Applied Materials, Inc.
Parent Department M/S 2061
P.O. Box 450 A
Santa Clara, CA 95052

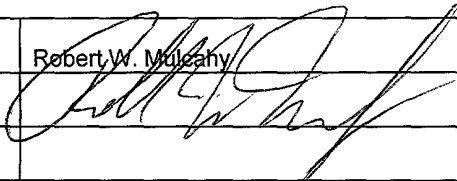
Direct telephone calls to:

Steven B. Kelber (30,073)
Piper Marbury Rudnick & Wolfe LLP
(202) 861-3900

Name	Robert W. Mulcahy	Registration No.	25,436
Signature		Date	7-10-01
Name		Registration No.	

EL661804263US

FEE TRANSMITTAL				Docket No.		005212/TCG/SPC/SB			
				Serial No.		NEW PATENT APPLICATION			
				Filing Date		HEREWITH			
				Inventor(s)		SHREYAS KHER, ET AL.			
				Group Art Unit		UNASSIGNED			
TOTAL AMOUNT OF PAYMENT				\$750.00		Examiner		UNASSIGNED	
1. <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1074. <input checked="" type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1074.						FEE CALCULATION (continued)			
2. <input type="checkbox"/> Check enclosed.						3. ADDITIONAL FEES			
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description		Fee Code		Fee (\$)	
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
105	710	201	355	Utility filing fee		710.00			
106	320	206	160	Design filing fee					
107	490	207	245	Plant filing fee					
108	710	208	355	Reissue filing fee					
109	150	214	75	Provisional filing fee					
SUBTOTAL (1)				\$710.00					
2. EXTRA CLAIM FEES									
tot. claims		12	-	20*	= 0	x	\$18	=	0
ind. claims		3	-	3*	= 0	x	\$80	=	0
<input type="checkbox"/> Multiple Dependent Claims				\$270	=				
Large Entity		Small Entity		Fee Description		Fee Code		Fee (\$)	
Fee Code	Fee (\$)	Fee Code	Fee (\$)						
103	18	203	9	Claims in excess of 20		126		180	
102	80	202	40	Independent claims in excess of 3		581		40	
104	270	204	135	Multiple dependent claim, if not paid		179		710	
109	80	209	40	*Reissue independent claims over original patent		169		900	
110	18	210	9	*Reissue claims in excess of 20 and over original patent		OTHER (indicate below)			
SUBTOTAL (2)				\$0.00					
* or number previously paid, if greater, For Reissues, see above						SUBTOTAL (3)			
						\$40.00			

Name		Robert W. Mulcahy		Registration No.		25,436	
Signature				Date		7-10-01	
Name				Telephone		202-861-3900	
				Registration No.			